

RFP DMS 2010-03 Medicaid Data Mining and Program Evaluation

QUESTIONS AND ANSWERS

Question # 1:

Section 1.4, page 5 - Please comment on the potential systems and data/information interfaces and needs between the Medicaid Data Mining and Program Evaluation, Medicaid Beneficiary Relations and NET Administration, Medicaid Provider Representative, and Medicaid Quality Improvement contracts/contractors. For example, the Medicaid Data Mining and Program Evaluation contractor may need information or data from the other contracts to assist in their work with evaluations.

- How will the Medicaid Data Mining and Program Evaluation contractor receive this information?

Answer: The State will be the central point of contact but contractors will be expected to communicate with one another.

- How is communication with the other contractors for needed information/data to be handled—may contractors contact each other or will all requests for information/data need to go through DHS?

Answer: Contractors may contact one another but DMS should be included in correspondence.

- How will compatibility of data from contractor to contractor be assured?

Answer: Data will have the same source, MMIS.

- What guarantees of access are given to the Medicaid Data Mining and Program Evaluation contractor to ensure timeliness/accuracy of deliverables to enable the contractor to maintain its performance?

Answer: The contractor will have access to necessary data. Methods of provision may be determined after contract award.

Question # 2:

Section 1.4, page 5 refers to distribution of utilization and performance data to providers and distribution of other data/materials. How does DHS DMS propose to handle postage for distribution of these items? Is it the intent that the contractor includes postage costs in their price proposal or, for simplicity, could postage be a pass-through to DHS?

Answer: Respondent should include postage and distribution costs in price proposal.

Question #3:

Section 1.4, paragraph 3, page 5 – How will survey data be provided to the contractor so they can perform program evaluations?

Answer: The survey reports and requisite raw data will be provided electronically.

Question # 4:

Section 1.4, paragraph 4, page 5 - Please elaborate on “the first year of the contract only” when referring to the PCP web system.

Answer: The intent is to provide a system similar to the Arkansas Medicaid Information Interchange until such a time that such a system can be incorporated into the MMIS.

Question # 5:

Section 4.1, page 14 - In reference to the statement “the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format,” does the Microsoft readable format portion refer to Microsoft Office applications specifically or does it encompass anything that Microsoft Operating Systems can execute such as Adobe applications (pdf)?

Answer: It refers to Microsoft Office applications.

Question # 6:

Section 4.1, page 14 - In reference to the statement “the respondent shall include four electronic copies of the Technical Proposal (disks) in Microsoft readable format,” does the Microsoft readable format portion encompass any or all of the following Microsoft Office applications:

Microsoft Word – 2003

Microsoft Excel – 2003

Microsoft InfoPath – 2003

Microsoft PowerPoint – 2003

Answer: All of the Microsoft Office applications.

Question # 7:

Section 4.2, page 15 and section 4.2.9, page 19 - Section 4.2 lists 11 sections to be included in the Proposal and states that deviation from the prescribed order may disqualify a proposal, yet Section 4.2.9 lists another section/area to be included in the proposal (Compliance with the State Shared Technical Architecture Program) that is not listed in the 11 sections in 4.2. Should Compliance with the State Shared Technical Architecture Program referenced in 4.2.9 be included as Tab 9 in the Proposal or should it be addressed in another Tab referenced in the tab listing in Section 4.2? Will the required Tab structure in Section 4.2 be amended to include this Tab?

Answer: Compliance with the State Shared Technical Architecture Program should be addressed in your proposal. This does not warrant an amendment.

Question # 8:

Section 4.2, page 15 - Verification of QIO is listed as Tab 12 in section 4.2, but there is not a subparagraph under 4.2 (i.e., 4.2.13) for the QIO tab. Please comment.

Answer: The second paragraph of the RFP and mandatory requirement (Section 4.4.6) state that the respondent must have a QIO or QIO like status. I suggest that you include the statement at the first of the proposal and in Section 4.2.13 and include the verification as an attachment.

Question #9:

Section 4.2.5, page 17 - The language here says, "...**should** not exceed three pages." Is there an upper limit to the number of Executive Summary pages?

Answer: Yes, three pages.

Question # 10:

Section 4.2.8, page 19 reads, "The respondent's proposal shall identify key personnel as well as all staff proposed to meet the requirements of the RFP." What is the definition of key personnel? Are key personnel required to be 100% dedicated to this contract?

Answer: Key personnel are those persons with decision making responsibilities related to the contract and those persons with expertise critical to the function of the contract. The respondent is required to indicate the full time equivalency of key personnel associated with the contract. Key personnel are required to dedicate at a minimum the FTE included in the proposal.

Question # 11:

Section 4.2.8, page 19 - Is there a difference in evaluation points for actually having the staff on payroll versus a promise of future employment?

Answer: It is at the evaluator's discretion.

Question # 12:

Section 4.3.1, page 20 - "The Cost Proposal shall contain a statement of independent price determination as described in Section 3.12." Should this reference be section 3.11?

Answer: Yes.

Question # 13:

Section 4.3.3, page 20 and section 5.1.3, page 22 - Section 4.3.3 requires respondents to "include a cost analysis to support the reasonableness of the price"; however, Section 5.1.3 does not include any evaluation of price reasonableness. How does the State intend to evaluate price reasonableness and to what extent will this be a component part of the cost proposal evaluation to prevent unrealistic pricing from winning the contract?

Answer: A cost analysis is required to support the price, including the reasonableness of the price, but the cost analysis will not receive a point score, only to justify the price.

Question # 14:

Section 4.3.3, page 20, states “Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement. Contractor will not receive any other payment.” Would you please explain what these statements mean?

Answer: The contractor will invoice and be paid actual costs of providing required services.

Question # 15:

Section 3.1.7, page 12; section 5.1.4, page 23; and section 5.3, page 24 - Section 3.17, page 11; Section 5.3, page 23; and Section 5.1.4, page 22: Section 3.17 states “If a contract is awarded, it shall be awarded to the respondent whose proposal is determined to be most advantageous to DHS based on the selection criteria, not necessarily the lowest price.” Section 5.3 states “The contract will be awarded to the respondent that provides the most effective solution for the price quoted, not necessarily the one with the lowest cost. Section 5.1.4 states, “...the Issuing Officer or designee shall add the points for the Technical Proposal to the point for the Cost Proposal and shall rank the proposals from the highest to lowest according to total points.” Does 3.17 allow for selection of a technically superior proposal with a realistic cost, even if the total point calculation found in Section 5.1.4 is lower or will the contract be awarded strictly based on the highest overall score?

Answer: The contract will be awarded based on the highest overall score.

Question # 16:

Attachment D, Program Deliverable B, Page 42 - states: “The contractor will aggregate and evaluate Health Plan Employer Data Information Set (HEDIS) measures. The contractor must have a system in place to collect and analyze the HEDIS measures acceptable to DMS...” Does this requirement include medical chart review and abstraction as part of the collection and analysis? What are the approximate number and types of HEDIS measures expected?

Answer: The majority of current measures collected use administrative data and do not require medical record collection and review. However, a small number of measures may require hybrid data collection. There are approximately 20 measures currently collected.

Question # 17:

Attachment D, Program Deliverable C, page 42 - Is it the intention of DMS that the Program Evaluations cited in this section will be limited to the use of data and data streams currently housed in the data warehouse and decision support system?”

Answer: Yes. And comparisons to national data sets such as HEDIS.

Question # 18:

Page 42, Attachment D, Program Deliverable C, Performance Indicator 3 states, "Evaluations for at least two other programs as selected by DMS are completed and a final report is submitted each contract year."

- What is the upper limit on the number of additional evaluations that can be expected?
Answer: The upper limit is four (not including the specific evaluations addressed in RFP.
- In order to properly price the proposal, what kinds of evaluations will these be and what will be the relative scope to successfully complete them?
Answer: The evaluations will be in approximate size and scope to the TEFRA and ARKids B evaluations.

Question # 19

Attachment D, Program Deliverable F, Performance Indicator 2, page 44 - How many ad hoc projects does DHS DMS estimate the contractor to perform and what is the relative size/scope of those projects?

Answer: The upper limit is two and the evaluations will be in approximate size and scope to the TEFRA and ARKids B evaluations.

Question #20:

Attachment E, page 45 and Section 4.3.3, page 20 - Is DHS/DMS asking for a price that would remain unchanged for the last 6 years? Are there provisions for a cost of living adjustment at each renewal year (or any other form of adjustment)?

Answer: Yes – the price will remain unchanged unless there is an amendment to the contract. There are no provisions for a cost of living adjustment.

Question #21:

Section 1.4, paragraph 5, page 5; and Attachment D, Program Deliverable C, Performance Indicator 1 and 5, page 42 - What is the duration of the Arkids B and Tefra waivers? When will the evaluation period begin for a new contractor? Will any previous data or evaluation criteria be used?

Answer: The evaluation requires quarterly updates with an annual report based on the federal calendar year. The new contractor will begin the evaluation on July 1, 2010. The design of the evaluation is up to the contractor and DMS and CMS.

Question #22:

Attachment D, Program Deliverable C, Acceptable Performance b and f, pages 42 – 43 - Assuming the ARKids B and Tefra waivers are presently in place, what are the required reporting mechanisms and timeframes for CMS? Do they differ from those specified in the RFP and, if so, is the contractor responsible for separate evaluations to meet DMS and CMS requirements?

Answer: The evaluation requires quarterly updates with an annual report based on the federal calendar year. The DMS and CMS timeframe should be the same. There are not separate evaluations, however, DMS may want additional information beyond that that is presented to CMS. The contractor and DMS will determine after award of the contract.

Question # 23:

Attachment D, Program Deliverable C, Performance indicator 8, page 42 - Have existing evaluation plans been approved? What do they require and will we have the opportunity to re-design them?

Answer: The respondent should describe planned approach to evaluation and design in the technical proposal.

Question # 24:

Attachment D, Program Deliverable C, Performance indicator 8, page 42 - Are there existing evaluation plans that must be followed for the ARKids B and TEFRA waivers?

Answer: The respondent should describe planned approach in the technical proposal.

Question # 25:

Attachment D, Program Deliverable C, Performance indicator 8, page 42 - If existing evaluation plans for TEFRA and ARKids B call for survey data, how will this data be obtained since surveys are specified in a separately issued RFP?

Answer: Data will be provided.

Question # 26:

Attachment D, Program Deliverable A, Performance Indicator 1-5, page 41- Is there an established definition for “Data Mining projects”? How does the State intend to be involved in the selection of such projects? What will constitute the completion of a data mining project?

Answer: The respondent should describe planned approach in the technical proposal.

Question # 27:

Attachment D, Program Deliverable A, Acceptable Performance f, page 41 - How many ad hoc projects does DHS DMS estimate the contractor to perform and what is the relative size/scope of those projects?

Answer: DMS estimates two (2) ad hoc projects each year. Size and scope are undetermined at this time and should not be considered a significant component of the RFP.

Question # 28:

General - There will be a new MMIS (implying a new DSS, also) that will rollout after the award of this contract? How will additional compensation (for training, etc.) associated with these new software systems be provided by the State or the MMIS vendor?

Answer: No additional compensation will be provided.

Question # 29:

General – The numerous undefined requirements in Section 1.4 and Appendix D (e.g., ad hoc data mining, projects and reports; at least; if requested; if necessary; and as requested) present challenges in establishing criteria for cost reasonableness. Please provide an estimate of the magnitude of unspecified ad hoc and other requests so offerors may more accurately scope and price their proposals?

Answer: Please see Question # 27. Unspecified reports should not be considered a significant component of the RFP.

Question # 30:

Pg. 4, 1.2, Para. 4-Who is the current fiscal agent responsible for carrying out MMIS responsibilities? How will the data mining contractor access DMS' data; will the contractor have access to the database with extraction rights, or will it receive data extracts?

Answer: HP Enterprise Services. The contractor will be granted access

Question # 31:

Pg. 5, 1.4, Para. 1-Please describe the type of consulting services expected regarding the statistical analysis of fraud, waste, and abuse. Based on previous experience, how much time does DMS estimate will be required in providing consulting services? How much time does DMS anticipate being required to provide testimony?

Answer: From time to time, it is necessary for a consultant to testify to regarding statistical analysis used by Program Integrity. Based on previous experience, the need for the consultant to provide testimony is minimal, no more 20 hours each contract year.

Question # 32:

Pg. 5, 1.4, Para. 2-The scope of work indicates that the contractor will “collect” and analyze HEDIS measures. Please elaborate on what DMS means by “collect”? Will the contractor be responsible for processing encounter data and calculating HEDIS rates on behalf of DMS, will DMS provide the contractor with certified DSTs, or will DMS provide HEDIS data in a proprietary format? If the contractor is responsible for calculating the rates directly, will any of the measures require hybrid data collection methodology (i.e., medical record collection and review)?

Answer: The contractor will be responsible for processing encounter data and calculating HEDIS rates on behalf of DMS. The majority of current measures collected use

administrative data and do not require medical record collection and review. However, a small number of measures may require hybrid data collection.

Question # 33:

Pg. 5, 1.4, Para. 3-Please elaborate on the scope of work associated with the program evaluations for ARKids, TEFRA, and EPSDT. Will these evaluations involve primary source data collection; include qualitative evaluation of current program policies, procedures, and monitoring mechanisms; and/or involve quantitative analyses?

Answer: The evaluations will involve quantitative data analysis of claims data from MMIS, and qualitative evaluation of current program policies, procedures, and monitoring mechanisms.

Question # 34:

Pg. 5, 1.4, Para. 4-The noted scope of work surrounding the web-based Primary Care Physician (PCP) Medicaid Information System suggests that a current application exists and that contractor is expected “manage” the database. However, reference is also made to the contractor enhancing the current system by “creating” a system. Please clarify whether the contractor is expected to use and maintain an existing system, or create a new system. If the current system is functional, please provide additional information with regards to the current interfaces, hardware platform, list of hardware being used with the existing systems, software (with version #) used in developing the system, data source and database structures for the application, and functionality. Does the data include PHI data? Is this a secure web-based application?

Answer: A current application known as the Arkansas Medicaid Information Interchange exists and is managed by our current contractor. The current systems use data from the MMIS to provide case management information to primary physicians through a web portal. The contractor is expected to use and maintain the current system. Yes, the data includes PHI. Yes, it is a secure web-based application.

Question # 35:

Pg. 5, 1.4, Para. 4-The scope of work for the PCP Medicaid Information System suggests that the contract will be responsible for adding new indicators and improving the PCP’s case management capabilities. Please clarify the functionality and purpose of the system. Please clarify the case management capabilities PCPs have with the current system. Will PCPs require secure access to the PCP Medicaid Information System for case management activities? Will other entities (involved in case management activities) require secure access to the PCP Medicaid Information System? Will recipients require secure access to the PCP Medicaid Information System?

Answer: Yes, PCPs will require secure access to the PCP Medicaid Information System for case management activities. No other entities (involved in case management activities) require secure access to the PCP Medicaid Information System. Recipients will not require secure access to the PCP Medicaid Information System.

Question # 36:

Pg. 5, Para. 4-Will the contractor be responsible for procuring the necessary hardware and software required to host, maintain, and enhance the PCP Medicaid Information System? If so, please provide any parameters related to purchasing requirements and/or limitations associated with this activity.

Answer: If necessary, the contractor will be responsible for procuring any additional needed hardware or software. The respondent should describe planned approach in the technical proposal.

Question # 37:

Pg. 5, Para. 4-Will the contractor be expected to maintain the PCP Medicaid Information System built and supported by the previous contractor? If so, will the hardware and software utilized previously be transitioned to the new contractor? Please describe DMS' expectations surrounding the transfer of this equipment. Additionally, any information you can provide regarding the current hardware and software requirements would be appreciated as well as the final disposition at contract end.

Answer: Yes, the contractor is expected to maintain the PCP Medicaid Information System built and supported by the previous contractor. Hardware and software utilized previously that is the property of DMS will be transitioned to the new contractor.

Question # 38:

Pg. 5, Para. 4-Will the contractor be trained on the use and functionality of the existing PCP Medicaid Information System? If so, who will provide the training and where will it be held? Please describe DMS' expectations surrounding the knowledge transfer required to assure a seamless transition.

Answer: This will be determined after award of the contract.

Question # 39:

Pg. 5, Para. 4-Will the contractor be expected to assume the costs of any maintenance or service contracts for the existing PCP Medicaid Information System? If so, please provide any details surrounding these expenses.

Answer: No.

Question # 40:

Pg. 5, Para. 5-Section 1.4 Scope of Service – Question – RFP states “ Finally, in the first year of the contract only, the contractor will provide DMS and Medicaid providers with utilization and performance data concerning the Primary Care Physician (PCP) program and emergency room usage” Is this also an existing system ? Is there any hardware or software that will need to be maintained?

Answer: This is not an existing system, though there may be existing programming to pull the information. This is ER and PCP data from the MMIS so the ERs and PCPs can receive profiles of their practices and compare themselves with their peers.

Question # 41:

Pg. 5, 1.4, Para. 5-Please specify the types of utilization data the contractor must provide to DMS and providers (i.e., by diagnoses, ages, age-bands, race/ethnicity, etc.)? Please clarify the types of performance data the contractor must provide to DMS and providers? Is the performance data the same as the HEDIS results? Please clarify the reporting requirements for emergency room usage? What are the parameters by which emergency room data should be stratified?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 42:

Pg. 5-What information is currently provided to PCPs? What form is the information provided in? How often is the information provided?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 43:

Pg. 5, 1.4, Para. 9, Bullet 2-Please clarify what DMS means by special reports? Will DMS release examples of reports produced in previous years?

Answer: For example, a special report was requested for pilot projects to increase use of a standardized screening tool.

Question # 44:

Pg. 6-How many PCPs are signed up to access the PCP Medicaid Information System?

Answer: Approximately 600.

Question # 45:

Pg. 6-How frequently are PCPs accessing the PCP Medicaid Information System?

Answer: Information unavailable at this time.

Question # 46:

Pg. 6-Has an evaluation been done to determine user satisfaction with the current PCP Medicaid Information System? Can that evaluation be made available?

Answer: No evaluation has been done.

Question # 47:

Pg. 6-How often are PCP and ER profiles distributed? How are they distributed?

Answer: Quarterly and by mail.

Question # 48:

Pg. 6, para 1, Section 1.4 Scope of Service – Question - The 4th and 5th bullet states “within 20 days of the final receipt of the data” Who supplies this data to the contractor? What is the format of this data? What is the frequency of this data?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 49:

Pg. 6, 1.4, Bullets 4 & 5-Please describe how extensive the PCP and ER profiles are expected to be—i.e., required reporting formats, number of indicators, comparison groups, etc.?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 50:

Pg. 6, 1.5-The contract duration indicates that it could be extended for six (6) additional years; however, Attachment E only includes a single space for optional extension years. Does DHS expect the same price for all optional extension years?

Answer: See Question #20.

Question # 51:

Pg. 13, 3.24-Is a Letter of Credit form a large regional bank acceptable for the Performance Bond?

Answer: Yes, as the section states “...or another form of surety acceptable to the Division/Office...” The Letter of Credit would have to meet all the requirements of Arkansas law.

Question # 52:

Pg. 14, 4.1-Section 4.1 states that one (1) original Cost Proposal be submitted. It also states that Cost and Technical proposals submitted electronically must be on separate disks. Are electronic copies of the Cost Proposal required, and if so, how many?

Answer: No.

Question # 53:

Pg. 17, 4.2.5, Para. 2-Is there a preferred format for preparing the cross-reference pages in the Executive Summary?

Answer: No.

Question # 54:

Pg. 20, 4.3.1-Section 4.3.1 references the independent price determination in section 3.12. Should it reference section 3.11?

Answer: Yes.

Question # 55:

Pg. 20, 4.3.3-The Price Sheet in Attachment E requires a single dollar value for each year, however, section 4.3.3 states “Services provided under this contract will be reimbursed based on the following method: Actual Cost Reimbursement.” Is this anticipated to be a cost plus fee contract?

Answer: Contractor will be reimbursed actual cost, based on actual labor, overhead and profit.

Question # 56:

Pg. 25, Attach. A-Is Attachment A included in the RFP for reference only, or should it be filled out and become part of the cost proposal?

Answer: For reference only.

Question # 57:

Pg. 25, Attach. A-If Attachment A is to be filled out, can a definition of Funding Source be provided?

Answer: Refer to # 56.

Question # 58:

Pg. 30, Para. 3, Use and Ownership of Software-Does the Use and Ownership of Software clause indicate that all analytic programs (e.g., SAS programs) become the property of DMS?

Answer: Yes

Question # 59:

Pg. 31, Para. 6-8 and Pg. 6 Para. 4 How does the current PCP Medicaid Information System provide reasonable accommodations, or meet equivalent access requirements specified in the Accessibility Act 1227 of 1999?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 60:

Pg. 36-40-Is Attachment C included in the RFP for information purposes only?

Answer: Yes.

Question # 61:

Pg. 41, A, Performance Indicator, 1.-Based on DMS' history of ad hoc request, please provide some examples of past data mining projects. Will the contractor receive all the specific data mining project topics at the beginning of the contract year? Does DMS have an established process for providing, selecting, and approving the topics?

Answer: DMS and the contractor will select data mining jointly. The respondent should describe the planned approach in the technical proposal.

Question # 62:

Pg. 41, A, Performance Indicator, 1.-Based on DMS' history of ad hoc request, please provide some of the data mining project examples. In addition to data analysis summaries, what other deliverables does DMS expect to receive from these quarterly data mining projects?

Answer: Rotavirus Vaccination, Prevalence and costs of Pediatric seizure, ADHD, Intellectual Disability, Cerebral Palsy, Down Syndrome and Autism. Answer: The respondent should describe planned approach in the technical proposal.

Question # 63:

Pg. 41, A, Performance Indicator, 2.-Since the contractor is required to produce two data mining project results on a quarterly basis, will the contractor also be required to submit monthly reports for these quarterly projects? If so, please elaborate on how extensive the monthly reports are compared to the final quarterly reports.

Answer: Yes. The final quarterly reports summarize the contractor's activities. The summary reports summarize the data mining project, conclusions, and recommendations.

Question # 64:

Pg. 41, A, Performance Indicator, 3.-Based on DMS' history of requesting consulting services for statistical analysis, how many requests have been made for the past year? What are some of the expected deliverables related to these consulting services (e.g., presentation slides, working paper, report, technical assistance session)? Does DMS expect these consulting services to be provided onsite?

Answer: The respondent should describe planned approach in the technical proposal.

Question # 65:

Pg. 41, A, Performance Indicator, 6.-Based on DMS' history of ad hoc request, how many data mining-related ad hoc requests have been made for the past 2 years? What were the average request timeframe (i.e., from request being made to final deliverable)? If possible, please describe the expected effort (e.g., number of hours) each ad hoc data mining request is anticipated.

Answer: In the past two years, no ad hoc data mining projects were requested.

Question # 66:

Pg. 41, A, Acceptable Performance, b.-Please clarify whether special reports are deliverables for the ad hoc data mining request (listed in bullet point f.).

Answer: Yes.

Question # 67:

Pg. 41-44-Is Attachment D included in the RFP for information purposes only?

Answer: As the first line states “These Performance Based Standards are EXAMPLES ONLY and represent the types of indicators which will be included in the contract.” Some or all may be included in the contract.

Question # 68:

Pg. 45, Attach. E-Attachment E requires a single dollar value for Year One and another for Program Cost per Year for each Optional Extension Year. Section 4.3.3 requires that the price will include a cost analysis to support the reasonableness of the price. Is there a specific format and level of detail required in support of those numbers?

Answer: The program cost for Year One is anticipated to be the largest cost of the procurement. The second line for cost for optional extension years will need to be amounts for each of six additional years and the cost will be scored based on the total amount.

There is no format for the cost analysis. A cost analysis is required to support the price, including the reasonableness of the price, but the cost analysis will not receive a point score. It needs to be a minimum of a basic budget and a short narrative to support the cost.

Question # 69:

Pg. 42, B, Performance Indicator, 1.-Do the HEDIS booklets (Item 1) represent a different deliverable from the HEDIS reports (Item 2)? What is the approximate number of HEDIS booklets and/or reports the contractor will be required to publish?

Answer: Yes – the HEDIS reports are for internal use and indicate a complete listing of HEDIS information. The HEDIS booklet includes summary data and conclusions and is prepared for public distribution. Approximately 200 booklets will be printed.

Question # 70:

Pg. 42, B, Performance Indicator, 2.-What are the specific HEDIS measures the contractor must aggregate, analyze, evaluate, and publish in the annual HEDIS Booklet?

Answer: Though certain measures are currently collected, the respondent should describe the planned approach in technical proposal including any new measures or changes. Current measures include, but are not limited to, Asthma medication use, childhood immunization, well child visits, annual dental visits, use of antibiotics, ADHD, LDL-C,

Chlamydia, cervical cancer and breast cancer screening, prenatal care, HbA1c test, dilated eye exam and diabetes composite measures.

- Will the HEDIS measures be the same as in previous years?
Answer: Yes – but contractor may recommend changes as needed.
- Will there be an expectation of the contractor to show and describe trends in results?
Answer: Yes
- What other beneficiary demographics does DMS have in mind besides age and gender?
Answer: Race
- What geographic units are the results expected to be stratified by?
Answer: The respondent should describe the planned approach in the technical proposal.

Question # 71:

Pg. 42, B, Performance Indicator, 4.- Please specify whether DMS expects the HEDIS reports be available on the DMS website or the contractor's website?

Answer: Both

Question # 72:

Pg. 42, Acceptable Performance, a.-What is the annual sampling timeframe for the HEDIS measures?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 73:

Pg. 42, B, Acceptable Performance, b.-Who is the target audience for the HEDIS booklets? To whom are they distributed?

Answer: Target audience is health care administration, public officials, and state agencies. DHS and DMS leadership receive copies and contractor distributes to others upon requests.

Question # 74:

Pg. 42, B, Acceptable Performance, c.-Is the contractor required to use data received from DMS to calculate the results for each HEDIS measure for the HEDIS Report? What is the nature and quality of the data files used for calculating the measures? What is the timeframe for the contractor to receive the list of HEDIS measures from DMS?

Answer: Contractor pulls data from MMIS.

Question # 75:

Pg. 42, C, Program Deliverables-Will the analysis of the EPSDT program and well child screens be used the pay-for-performance programs for PCPs?

Answer: Not at the present times, but potentially in the future.

Question # 76:

Pg. 42, C, Performance Indicator, 1.-Will the program evaluations for the ARKids B and TEFRA program involve primary data collection (i.e., via survey, focus group) or medical record review? What are the standards by which the contractor will evaluate the ARKids B and TEFRA programs?

Answer: No chart review is required. Survey and focus group data will be provided by the Beneficiary Relations Contractor. Respondent should describe the planned approach in the technical proposal.

Question # 77:

Pg. 42, C, Performance Indicator, 2.-Please clarify that this performance indicator targets two programs (i.e., the EPSDT program for ARKids-A and well-child screening program for ARKids-B).). Additionally, will the program evaluations for the ARKids B and TEFRA program involve primary data collection (i.e., via survey, focus group) or medical record review (chart abstraction)? Or will the evaluation focus on compliance according to periodicity schedule only? In addition, what are the standards by which the contractor will evaluate the EPSDT programs?

Answer: Please see answer to question #76. Yes – this indicator targets two programs.

Question # 78:

Pg. 42, C, Performance Indicator, 3.-Will the program evaluations for these other programs involve primary data collection (i.e., via survey, focus group) or medical record review? What are the standards by which the contractor will evaluate the other programs? What data are available for these other programs? How many reports are expected for the two additional program evaluations; two reports, one for each evaluation, or one that covers both evaluations?

Answer: Please see answer to question #76.

Question # 79:

Pg. 42, C, Performance Indicators, 4. and 5.-Please clarify the nature of the program evaluation updates. Are the updates data-related or project progress-related?

Answer: Project progress related.

Question # 80:

Pg. 42, C, Performance Indicators, 4. and 7.-Please provide additional information as to the expectation related to the report cards. Does DMS expect the contractor to generate report cards for all programs being evaluated for a particular contract year? What are some of the usual parameters that DMS would expect to include in the report cards? If possible, are bidders able to review existing report card formats?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 81:

Pg. 42, C, Performance Indicators, 4. and 8.-For the ARKids-B and TEFRA evaluation, what are the timeframes for submitting the methodology from the beginning of the contract? What is the usual timeframe for DMS to approve the methodology?

Answer: The respondent should describe the planned approach in the technical proposal.

Question # 82:

Pg. 42, C, Acceptable Performance, a. and b.-Given the short deliverable timeline associated with ARKids and TEFRA program evaluations (i.e. December 31, 2010, or 6 months) and EPSDT evaluation (October 1, 2010, or 3 months), does DHS expect to receive a draft report prior to submission of the final report? Is there any room for adjusting the noted timelines to ensure a complete evaluation of the noted programs?

Answer: Timelines may be adjusted according to the agreement of both parties, the contractor and DMS.

Question # 83:

Pg. 43, D, Performance Indicator, 1.-Is there an expected or anticipated release date for any enhancements implemented for the PCP Medicaid Information System?

Answer: No

Question # 84:

Pg. 43, D, Acceptable Performance, b.-Please confirm that the contractor is expected to develop a web-based system for DMS. Is the contractor to use the existing system, or build a system from scratch? Also, please define what DMS means by the phrase, “allows PCP’s maximum case management capabilities?”

Answer: Please see answer to Questions #34, 35, 36, and 37.

Question # 85:

Pg. 43, E, Performance Indicators, 1. and 2.-Does DMS have a set of measures in mind for the PCP profiles and Hospital ER profiles or the contractor is required to develop novel measures? Will DMS provide specific format for these profiles? If not, what is the timeframe and process for submitting and approving these formats? What data will be used for developing the profiles, and when and how frequently will contractor expect to receive this data given the 20-day deliverable timeframe?

Answer: Yes, DMS has a set of measures in mind. The respondent should describe the planned approach in the technical proposal.

Question # 86:

Pg. 43, E, Performance Indicator, 3.-Please describe the process for receiving ad hoc requests from CMS. What are the anticipate deliverables associated with this task?

Answer: Please see questions # 27 and 29. The respondent should describe planned approach in the proposal.

CLARIFICATION – In the purpose of the RFP it is stated, “The contractor must conduct activities related to this contract from an office located in Pulaski County, Arkansas.” The intent of this statement is that the respondent must have a physical presence in Pulaski County, Arkansas in which key personnel, decision-makers, or both, are located.